



Docket No.: 17656  
(PATENT)

(FW)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
WONG, et al.

Customer No. 051597

Application No.: 10/671,816

Confirmation No.: 6866

Filed: September 25, 2003

Art Unit: 1615

For: **IMPLANTS AND METHODS FOR TREATING  
INFLAMMATION-MEDIATED CONDITIONS  
OF THE EYE**

Examiner: Sharon Kennedy

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**TRANSMITTAL SHEET**

Sir:

Transmitted herewith is a transmittal sheet directing the USPTO to charge for a one month extension of time filed in an amendment after final rejection of the above-identified patent application. Enclosed are:

- 1) Transmittal Sheet
- 2) Return/Stamped Postcard
- 3) One month Extension of Time
- 4) Response to Final Office Action

**CERTIFICATE OF MAILING**

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Mail Stop Amendment - Non-Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on

July 18, 2008

Robert J. Baran

(Date of Deposit)

Name of person mailing correspondence

July 18, 2008

*RJ Baran*

Date of Signature

Signature

The fee has been calculated as shown below:

CLAIMS AS FILED

FOR	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims	46	95	= -49 x	\$50.00	\$0.00
Independent Claims	4	4	= -0- x	\$200.00	\$0.00
If application contains any multiple dependent claims, then add			= -0-	\$360.00	\$0.00
Terminal Disclaimer Fee:		-0-	x \$110.00	=	\$0.00
Request for Continued Examination (RCE)				\$790.0	\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- \* If the entry in Col. A is less than the entry in Col. B, write "0" in Col. C
- \*\* If the highest number previously paid for IN THIS SPACE is less than 20, write "20" in this space
- \*\*\* If the highest number previously paid for IN THIS SPACE is less than 3, write "3" in this space

- ( ) A check in the amount of \$\* is enclosed (place fee in here i.e., petition, excess claims, etc.)
- (x) The Commissioner is hereby authorized to charge **the petition fee for one month extension of time** and all fees under 37 CFR 1.16 and 1.17 (associated with petition fees or excess claim fees) which may be required, or credit any overpayment to Deposit Account No. 01-0885. A duplicate copy of this sheet is enclosed.

Respectfully Submitted,

Date: July 18, 2008

Signature: \_\_\_\_\_

  
Robert J. Baran  
Registration No. 25,806

Telephone (949) 851-1105  
Fax: (949) 752-1925  
Cell Phone (714) 394-3654

Law Offices.  
2372 S.E. Bristol Street, Suite B  
Newport Beach, CA 92660-0755



CERTIFICATE OF MAILING

I HEREBY CERTIFY THAT THIS TRANSMITTAL IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE WITH SUFFICIENT POSTAGE FOR FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO: MAIL STOP AMENDMENT-FEE, COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 ON THE DATE INDICATED BELOW. DEPOSITOR'S NAME:

Signature:

A handwritten signature in black ink that appears to read "R.J. Burman".

Date: July 18, 2008